



|   |                  |   |  |          |  |                  |   |          |  |          |  |          |
|---|------------------|---|--|----------|--|------------------|---|----------|--|----------|--|----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |                  | <b>Docket Number (Optional)</b><br>3788 |  |          |  |                  |   |          |  |          |  |          |
| In re Application of <b>Chad C. Roue</b>  |                  |   |  |          |  |                  |   |          |  |          |  |          |
| Application Number <b>10/810,990</b>  |                  | Filed <b>3/20/2004</b>                  |  |          |  |                  |   |          |  |          |  |          |
| For <b>Method of Closing an Opening in a Wall of the Heart</b>  |                  |   |  |          |  |                  |   |          |  |          |  |          |
| Group Art Unit <b>3763</b>  |                  | Examiner <b>Manuel A. Mendez</b>        |  |          |  |                  |   |          |  |          |  |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ <u>490.00</u></td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ _____</td></tr></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>245.00</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed. <span style="float: right;">08/21/2009 HGBREX1 00000001 10810990</span></p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <span style="float: right;">01 FC:2252 <span style="margin-left: 50px;">245.00 OP</span></span></p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>500-246</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record.</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br/>Registration number if acting under 37 CFR 1.34(a) <u>28,184</u></p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p><u>8/17/2009</u><br/>Date</p> <p><u>Robert C. Beck</u><br/>Signature</p> <p><u>Robert C. Beck</u><br/>Typed or printed name</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p> |                  |   | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ <u>490.00</u> | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$ _____         |   |  |          |  |                  |   |          |  |          |  |          |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$ <u>490.00</u> |   |  |          |  |                  |   |          |  |          |  |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$ _____         |   |  |          |  |                  |   |          |  |          |  |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$ _____         |   |  |          |  |                  |   |          |  |          |  |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$ _____         |   |  |          |  |                  |   |          |  |          |  |          |